



CONSENT FOR THE RELEASE/EXCHANGE OF INFORMATION

Student Name _____ DOB _____ Age _____

School Name _____ Grade _____

Parent/Guardian Name _____

I give permission for Cabarrus County Schools* to release/exchange information with:

Name _____ / _____

Address _____

Phone# _____ Fax# _____

*School contact name(optional) _____ / _____

The reason for this release/exchange is to better understand a student's needs and develop more effective ways of providing for those needs in school. Check (✓) the information to be released/exchanged:

- academic/educational records (ex. 504 plans, attendance reports)
- exceptional children/special education records
- verbal communication
- educational evaluations/results
- psychological evaluations/results and treatment plans
- behavior checklists/plans
- rating scales
- assessments and recommendations by the above named agency/individual
- medical records/evaluations
- other _____

This consent is effective for twelve (12) months from the date signed. The parent/guardian may revoke the consent at any time, which must be submitted to school personnel in writing.

This consent is fully understood and made voluntarily on my part.

Date

Signature

Date Received by School

Relationship to Student

Keep a copy of this consent with the student's school records.